

Period of Greatest Com- municability	Symptoms.	Preventive Measures.	Regulations
<u>VII</u> During clinical symptoms.	Headaches, malaise & fever closely followed by rash.	Early diagnosis & isolation.	Quarantine - for non-immunes at discretion of M.O.H. Isolation - until all scabs have fallen off.
<u>VI</u> During period of disease preceding rash.	Severe grippe- like symptoms preceding rash by 3 or 4 days.	1. Early diagnosis & isolation. 2. Successful vaccination.	Quarantine - 16 days. Isolation - 21 days.
<u>VI</u> Probably 6-4 paralysis appears	Fever, pain high up in back & neck; Headache	Early diagnosis & isolation.	Quarantine - 10 days. Isolation - 3 weeks.
<u>I</u> Before appearance of rash.	Fever, catarrh of nose, eyes & throat. These precede rash 24-48 hrs.	Early diagnosis & isolation.	Quarantine - 16 days. Isolation - 7 days from appearance of rash.
<u>II</u> During clinical symptoms.	Rash, rise of temp. & sore throat. Glandular enlargement	..	Quarantine - none Isolation - 8 days from appearance of rash.

Name of Disease	Causative Organisms	Season of Greatest Incidence	Age Period most Affected	Incubation Period
<u>VI</u> Acute Poliomyelitis	unknown	Aug. - Oct.	1 - 10 yrs.	5 - 15 days.
Diphtheria	Bacillus diphtheriae	Oct - Feb.	1 - 10 yrs.	2 - 5 days.
Scarlet Fever	Streptococcus Scarletinae	Nov. - May. Peak occurs in Feb.	1 - 10 yrs.	3 - 7 days.

# The Common Cold.

Outlines in Hered. Ed. for Women  
Billhaver & Post.

The common cold is a definite disease generally related to grippe & influenza.

Modern doctors have learned that the prevention of serious disease is dependent in a large part on controlling the minor ailments which usually precede them.

## I. Cause of Colds.

The most convincing evidence favors a filterable virus, an unknown organism, as the cause of the common cold.

## II. Types of Cold (Physiological)

A. The non-contagious cold when the causative germ is presumably a normal inhabitant of the nose & throat & gains entrance on irritation of membranes or lowering of body temperature. It is not contracted from others or communicated to others. Usually mild. Due to:-

1. Irritation of membranes thus:
  - a. excess smoking.
  - b. Irritating gases.
  - c. Overheated dry air.
  - d. Extremely cold ..
  - e. Overuse of voice.
  - f. over-eating.
  - g. local infections in tonsils, sinuses, and nose.

2. Lowering of body temp. this:

a. Poor circulation due to  
Neurostenia

Lack of ex.

Weak heart.

Malnutrition.

b. Over-fatigue.

c. Improper clothing & uneven chilling of body.

B. The infectious cold. It may be contracted directly or indirectly. Is more severe. Is caused by some germ, but it attacks healthy being from outside this:-

1. Direct droplet infection.

Coughing, sneezing, kissing, spitting, etc. & mouth.

2. Indirect, this' glasses, towels, etc.

(V) Symptoms of Cold:-

A. Sickness of in throat - later a cough.

B. Discharge from nose

C. Burning eyes.

E. Partial loss of sense of smell & taste.

F. Chills & Fever.

G. Loss of appetite.

H. Ache in body.

I. Sore throat.

(W) Treatment in Early Stages to Stop the Cold Entirely or to Limit its extent.

A. 1. Perspiration through hot baths.

2. Hot drink.

3. Extra covers on bed.

4. Laxative.

5. Aspirin (on Doc's advice)

6. Simple Diet.

7. Local application of argyrol.

8. Gargle.

9. Nose & throat spray.

III. Other treatment.

1. Counter-irritant to throat & chest.
2. Vaccines (still experimental)
3. Chlorine treatment.

IV. Preventive Methods.

A. Avoid irritation to membranes.

B. " over-fatigue.

C. " eating.

D. Train body by cold showers.

E. Ex.

F. Remove nasal obstructions & diseased tonsils & adenoids.

G. Avoid people who have colds.

H. Use prophylactic vaccines if chronic sufferer.

I. Get plenty of fresh air.

J. Avoid constipation.

K. Spray nose & throat frequently.

VI. Control.

A. Isolation for 3 days - bed if possible.

B. Early recognition & treatment.

C. Ed. to prevent spread to others.

VII. Possible Results of Colds.

A. Pneumonia.

H. Bronchitis.

B. Pleurisy.

I. Tuberculosis.

C. Meningitis.

J. Arthritis.

D. Acute Conjunctivitis.

K. Influenza.

E. Mastoiditis.

L. Shingles.

F. Asthma.

M. Otitis media.

G. Sinus Infection.

N. Chronic Pharyngitis.

Public Utilities & Facilities

Problem - ventilation - Standards Minimal

1. 30' of air per person
2. Not occ. nearer 30' from fresh air & 6' from vent.
3. 1 vent for ea. 30 p. in room.
- 4.

Artificial means in churches.

Library Books - 1 in 20 had strep. germ. few caught it. Smallpox books burned. measles, mumps, etc. treated.

Restaurants.

1. Displaced food under glass.
2. Food handled with utensil.
3. Cakes, pies in sealed wrappers.

Care of Utensils.

1. Washed in hot soapy water & rinsed in boiled H<sub>2</sub>O or steam & dried by steam. If not available disinfectant.
2. Fresh towels for dishes
3. Ideal - paper dishes
4. Dishes in covered cupboards

HotelsAttendance -

1. Only clean personal habits - noted.
2. Towels & napkins come back in paper covers & in cupboards til needed.

Drinking Water. (posted - easily seen)

1. placards, to tell source & treatment.
2. Bathrooms - room occ. wash all facilities. Sanitary products - paper - used for toilet.
3. 1/3 of stools contained disease producing organisms.

Bedding - 1. Sheets provided not 2 towel mattress or blankets.

Beauty Parlours, etc. -

1. All combs, etc steam, soil, sterilized often ea. day.
2. Fresh towels.

Waiting Rooms -

Drinking Arrangements.

1. Cups in automatic holders.

2. Faucets of water cooler - long - not touched by finger, or drinking cup.

### Toilet Arrang.

1. Rooms light & rooming & if recess good electric illumination.
2. Nails for wraps & shelves for bundles
3. Toilet seats - U shaped.
4. Water flushing used by ft.
5. Arrang. for washing hands after.

### Stores & Markets -

#### Care of Food -

1. Raw food - 2' above floor line.
2. Animals of all kinds - out.
3. Fly - fly paper, removing refuse.

### Travelling -

1. Avoid
  1. People with coughs - ill - looking, etc.
  2. Don't over-eat.
  3. Avoid dirty looking hotels (with waiters)

### Veneral Diseases. -

Reg' as associated with sex.

1493 Syphilis unknown.

1495 Spread.

60,000 in U.S.A. child born.

#### Spirochaeta pallida -

1 mo' genital organ or thro' normal period - after incub - 2 or 3 wks.  
6-12 wks. spread of organ - thro' blood stream.  
Lymph glands swell. Infection - thro' kissing - spoons, dental instr., etc.

99% due to direct genital contact.

Genital growths appear in 3rd stage -

Heart block, open sores, destroyed septum of nose  
collapse of bridge of nose.

High death rate among adults.

5 - 25% People have or had syphilis.

Not transmitted thru chromosomes. Due to  
per. natal infection from mother.

Not specific cure - Salvarsan treatment  
for early stages - Neo " compound  
widely used.

### Gonorrhea

Organism disc. 1879 - 'Neisser' -

Microscopic - oval - in pairs. Only thin mucous  
membrane. Pus produced & inflammation  
" deteriorated in spots. Pus discharged  
Symptoms 10-14 day - more frequent 3-5 days.

Attacks male in urethra - acute pain in  
urination.

Female - reproductive organs.

May enter blood stream - become general.  
Frequently affects joints - rise to severe  
form of inflammation - gonorrheal rheumatism.  
May involve heart & endocarditis.

Curing - painstaking treatment by specialists.

Chancroid - Not confused with syphilis.

Infection

Transmitted thru sexual contact & develops  
within day or 2.

Elimination of commercial prostitution.

2. Wholesome nurture & approp. guidance of  
developing boy & girl.

3 Protective supervision of commercialized  
dance halls & public amusements spots. 177

4. Est. of clinics for <sup>preventive</sup> treatment of disease.  
Efficient social service.

Social Service -

Lack of money & interest to get ahead.

5. Any measures designed to encourage profitable use of leisure time.  
Restriction of alcohol.

Wasserman - Blood Test for syphilis.

## The Administration of Health & P.E.

Williams & Brownell

### Personnel & Functions of the Staff.

Develop. of Personnel Specialization - Child himself is imp. Basically there can be no essential conflict betw. nature & ed. - in practice there often is - specialization is req'd if ed. is to advance. A broad person sharpened to a point.

The Director of P.E. needs a broad training.

1. responsibility of director & health, ed., phy. E. & common rec.
2. day duties of director of H & P.E.  
R. predom. ed. & al.
3. In formulating adm. policies, dir. may adopt modified plan - certain policies dictated from his central office whereas others may result from committee or group action.
  1. Conduct of health exams.
    - a. by general practitioner.
    - b. school nurse or classroom teacher.
    - c. use & care of records.
    - d. follow up procedures.
  2. Provisions for School feeding.
    - a. supervision of canteen.
    - b. mid-session lunches & undent. chld.
  3. P.E. in elem. schools.
  4. Distribution of supervisory time.
  5. Teacher load